



PTO/SB/21 (05-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/812,532
Filing Date	March 20, 2001
First Named Inventor	Schul et al.
Art Unit	1617
Examiner Name	Shaojia A. Jiang
Attorney Docket Number	26416/04598

Total Number of Pages in This Submission

9

16/17 \$
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TECH CENTER 1600/2900**ENCLOSURES (Check all that apply)**

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| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Calfee, Halter & Griswold, LLP	Customer No. 24024
Signature	<i>Kristin J. Frost</i>	
Date	10/22/2003	

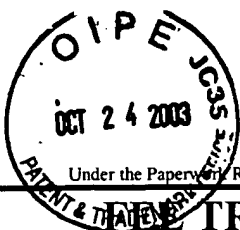
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Typed or printed name	Kristin J. Frost
Signature	<i>Kristin J. Frost</i>
Date	10/22/2003

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PATENT TRANSMITTAL for FY 2003		Complete if Known			
Patent fees are subject to annual revision		Application Number	09/812,532		
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	March 20, 2001		
950.00		First Named Inventor	Schul et al.		
		Examiner Name	Shaojia A. Jiang		
		Group Art Unit	1617		
		Attorney Docket No.	26416/04598		
METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	\$
SUBTOTAL (1)					\$
2. EXTRA CLAIM FEES					
	Claims Paid For	Extra Claims	Fee from below	Fee Paid	
Total Claims	**	=	x	=	
Independent Claims	**	=	x	=	
Multiple Dependent					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 00
** or number previously paid, if greater; For Reissue, see above					
SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kristin J. Frost	Registration No. (Attorney/Agent)	50,627	Telephone	(216) 622-8895
Signature		Date	10/22/03		

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